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## **Title: Speech and Language Therapists' perspectives of ICT use in Aphasia Rehabilitation**

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### **Abstract:**

**Background:** The use of technology in aphasia rehabilitation is promoted as an efficient route for the delivery of intensive speech and language therapy (Code & Petheram 2011). Information Communications Technology (ICT) hardware has become more affordable and accessible, with a parallel proliferation of available therapeutic software in the forms of computer programmes and applications for smartphones and tablets. Research has begun to explore the views of people with aphasia (PwA) in relation to specific ICT delivered therapeutic programmes in aphasia rehabilitation (Palmer et al. 2013) but there is limited consideration of the prescriber views, i.e. speech and language therapists. Therapists consider a range of factors when making decisions about technology use in stroke rehabilitation (Chen & Bode, 2011). These factors come from three different facets; patient, provider (i.e. health professional) and the larger context (i.e. health service). Theoretical frameworks of technology acceptance such as the Unified Theory of Acceptance and Use of Technology (UTAUT) may be useful when investigating factors that influence therapists' acceptance and employment of new technologies in rehabilitation (Liu et al. 2015).

**Aims:** To explore speech and language therapists' views of ICT in aphasia rehabilitation. To identify factors that influence clinical decision-making when integrating ICT into aphasia rehabilitation.

**Methods & Procedures:** Speech and language therapists (n=15) were recruited from a range of clinical settings in the Republic of Ireland and invited to participate in one of four focus groups. Each group discussion was facilitated by an SLT researcher, data was audio recorded and transcribed. Analysis was completed independently by two researchers following Braun and Clarke's six phases of thematic analysis (Braun and Clarke, 2006). After coding each transcript, the two researchers discussed the codes and emerging themes. Where discrepancies occurred, the codes and unit meanings were discussed and agreement was reached by consensus. The candidate themes were reviewed and refined in conjunction with a third researcher. Finally, the themes were then defined and named.

**Outcomes & Results:** Five key themes emerged from the focus group discussions; *Support, Resources and Access, Function & Use, Attitudes & Skills, and the Impact of ICT*. The SLTs discussed a wide variety of factors, at patient, provider and wider context level, that influence their decision to introduce ICT in aphasia rehabilitation. Some factors identified by the SLTs are internal to the therapeutic relationship between the SLT and PwA while others are external. The SLTs reported that age, ICT skills and family support influence their decision making. Other significant external factors include funding, access to and availability of ICT, IT support and resource constraints. Access to, and sharing of, up to date ICT related information is considered important for SLT practice and confidence when using ICT in aphasia rehabilitation. The SLTs highlighted that person-centred planning is important in the introduction of ICT while also considering the team around PwA; the family, the SLT and other rehabilitation services.

**Conclusion & Implications:** The past decade has seen a significant increase in the availability and affordability of ICT devices for personal use. This has been accompanied with increased availability of programmes and applications for aphasia rehabilitation. It is important to consider SLTs' perspectives on the use of ICT in aphasia rehabilitation as this will influence integration within practice. This research highlights the emerging issues for SLTs in relation to the employment of ICT in rehabilitation. It provides an overview of factors, with respect to the patient, the provider and the service delivery system, that influence clinical decision-making when using ICT in aphasia rehabilitation. Recommendations for practice that emerged from the focus groups will be discussed.

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